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NOTIFICATION REGARDING CERTAIN CORRECTIONS MADE *EX OFFICIO*

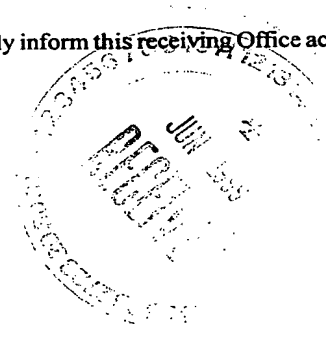
(PCT Administrative Instructions, Section 327)

Date of mailing (day/month/year)	04 JUN 99
Applicant's or agent's file reference <div style="text-align: center;">1102865-0034</div>	REPLY DUE <div style="text-align: center;"> NONE However, see paragraph 3 below </div>
International application No. <div style="text-align: center;">PCT/US99/10750</div>	International filing date (day/month/year) <div style="text-align: center;">14 MAY 99</div>
Applicant <div style="text-align: center;">APHTON CORPORATION</div>	

1. The applicant is hereby notified that this receiving Office has corrected formal defects in the international application *ex officio*, as shown on the attached copy of:

- | | | |
|-------------------------------------|-----------------------------|---------|
| <input checked="" type="checkbox"/> | the request, sheet No.: | 1 AND 2 |
| <input type="checkbox"/> | the description, sheet No.: | |
| <input type="checkbox"/> | the claims, sheet No.: | |
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2. If the applicant agrees with these corrections, no further action is required in this regard.
3. In case of disagreement with these corrections, the applicant should promptly inform this receiving Office accordingly.



Name and mailing address of the receiving Office
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Misty Walker

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REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.	PCT/US 99/10750
International Filing Date	14 MAY 1999 (14.05.99)
Name of receiving Office and "PCT International Application"	PCT INTERNATIONAL APPLICATION RO/US
Applicant's or agent's file reference (if desired) (12 characters maximum)	1102865-0034

Box No. I TITLE OF INVENTION	
COMBINATION THERAPY FOR THE TREATMENT OF TUMORS	
Box No. II APPLICANT	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
Apton Corporation P.O. Box 1049 26 Harter Avenue Suite 14 Woodland, California 95776-1049 United States of America	
<input type="checkbox"/> This person is also inventor.	
Telephone No. 530 -668-5100	
Facsimile No. 530 -666-1313	
Teleprinter No.	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
GEVAS, Philip C. 881 Ocean Drive #23D Key Biscayne, Florida 33149 United States of America	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (that is, country) of nationality:	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
DRIVAS, Dimitrios T.; HOFFMANN, Hans-Peter G.; CLELAND, Thelma A. Chen; GENOVA, John M.; and STERNER, Richard J.; WHITE & CASE LLP, Patent Department 1155 Avenue of the Americas New York, New York 10036 United States of America	
Telephone No. 212-819-8200	
Facsimile No. 212-354-8113	
Teleprinter No.	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GRIMES, Stephen
551 Rutgers Drive
Davis, California 95616
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

US

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

KARR, Stephen L.
2265 Halsey Circle
Davis, California 95616
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

US

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

WATSON, Susan A.
#5 Seatolla Close
Edwalton, Nottingham
NG2 6RB
United Kingdom

This person is:

☐ applicant only

☒ applicant and inventor

☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

US

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MICHAELI, Dov
21 Marina Vista Avenue
Larkspur, California 94939
United States of America

This person is:

☐ applicant only

☐ applicant and inventor

☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

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